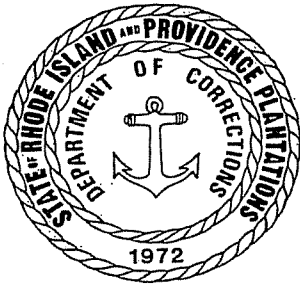
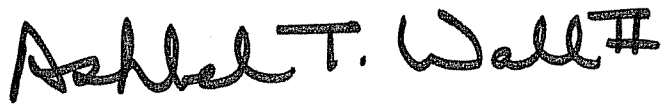


# RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	<b>POLICY NUMBER:</b> 28.11 DOC	<b>EFFECTIVE DATE:</b> 12/17/2007	<b>PAGE 1 OF 6</b>
	<b>SUPERCEDES:</b> N/A	<b>DIRECTOR:</b> <span style="float: right;">Please use BLUE ink.</span> 	
<b>SECTION:</b> ADULT PROBATION AND PAROLE		<b>SUBJECT:</b> PAROLEE ASSISTED LIVING	
<b>AUTHORITY:</b> Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director; § 42-56-10(23)(a-d), Powers of the director			
<b>REFERENCES:</b> Rhode Island State Long Term Care Ombudsman			
<b>INMATE / PUBLIC ACCESS?</b>		<b>X YES</b>	
<b>AVAILABLE IN SPANISH?</b>		<b>X NO</b>	

## I. PURPOSE:

To establish procedures to be used by employees of the Adult Probation and Parole Unit of the Rhode Island Department of Correction's (RIDOC) which address:

- assessment and intake process if parolee resides or is to reside in a licensed nursing facility, licensed assisted living facility or housing for the elderly;
- notification process to licensed nursing facility, licensed assisted living facility or housing for the elderly;
- monitoring and supervision of parolee with focus on safety and security measures.

## II. POLICY:

The RIDOC's Probation and Parole Unit strives to promote public safety by providing written notification of a resident's parole status when the parolee is known to be residing in a licensed nursing facility, licensed assisted living facility or housing for the elderly.

Public Notice: 08/19/07

Public Hearing: 09/10/07

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III. PROCEDURES:

A. Intake/Assessment/Notification

1. Parole permits are delivered by Parole Board staff to the Office of Parole Coordinator two (2) working days prior to release day. Permits are checked with the finalized release list two (2) working days prior to release.
2. Probation and Parole Officers pick up their assigned permits the day before affected offenders' release in order to obtain offenders' signatures and explain any special requirements.
  - a. Once the Probation and Parole Officer receives the assigned case, s/he will contact the offender and schedule an initial meeting.
  - b. During this first meeting, the Probation and Parole Officer will verify if the offender will be residing in a licensed nursing facility, licensed assisted living facility or housing for the elderly.
  - c. The Probation and Parole Officer shall ask the offender if the facility is aware of his/her status (parole). This information will be documented in the case file.
3. The RIDOC Counselor will have completed the Rhode Island Parole Risk Assessment (Attachment 1) prior to the offender's being seen by the Parole Board. The Parole Risk Assessment Instrument, which includes the following, will be incorporated into the inmate's case plan.
  - a. Prior felony convictions;
  - b. Parole/Probation status at admission;
  - c. Current offense;
  - d. History of violent/assault convictions/adjudications;
  - e. Current age;
  - f. Completed education;
  - g. Scored custody level;
  - h. Severity of discipline severity (last 24 months).

- 
4. The Notification Letter (see sample at Attachment 2) for offenders being released on parole for any of the following offenses and the assigned risk level will be forwarded to the licensed nursing facility, licensed assisted living facility or housing for the elderly upon completion.
- a. Murder
  - b. Voluntary manslaughter
  - c. Involuntary manslaughter
  - d. First degree sexual assault
  - e. Second degree sexual assault
  - f. Third degree sexual assault
  - g. Assault on persons sixty (60) years of age or older
  - h. Assault with intent to commit specified felonies (murder, robbery, rape, or burglary)
  - i. Felony assault
  - j. Patient abuse
  - k. Neglect or mistreatment of patients
  - l. Burglary
  - m. First degree arson
  - n. Felony larceny
  - o. Robbery

A copy of the notification letter will be forwarded to the affected offender.

5. The Probation and Parole Officer will develop a case plan with the focus on assessment of risk and if there are any security or safety plans that need to be addressed based upon the following:
- a. Parole risk assessment;

- b. Terms and conditions of parole, including any special conditions;
  - c. Current offense;
  - d. Criminal history;
  - e. Employment (if applicable);
  - f. Housing;
  - g. Substance abuse;
  - h. Mental health;
  - i. Family;
  - j. Criminal association.
6. If the offender states that s/he is residing or will be residing in a licensed nursing facility, licensed assisted living facility or housing for the elderly, the offender shall be informed of the following:
- a. The facility director will be informed of the charge information and court disposition of the offender and;
    - (1) that the offender is currently placed on parole;
    - (2) of contact information (Probation and Parole Officer);
    - (3) that site visits will occur;
    - (4) of the need for contact person/telephone number at the facility;
    - (5) of the assigned risk level;
    - (6) of the recommendations of security or safety measures, if applicable.
  - b. The offender shall inform his/her Probation and Parole Officer of any change of address (condition of parole), including transfer to such a facility at any point during the course of supervision;

- c. The Probation and Parole Officer shall complete the Notification Letter and forward the letter to the facility. The Officer shall maintain a copy in the case file. The Probation and Parole Officer should also make telephone contact with the facility following forwarding of the letter;
- d. Notice (i.e., a copy of the Notification Letter) will also be forwarded to the appropriate State Regulatory Agency and State Long Term Care Ombudsman.

B. Ongoing Monitoring/Supervision

- 1. Upon verification and notification that the offender is residing in a nursing facility, assisted living facility or housing for the elderly, the information listed below shall be forwarded by the Probation and Parole Officer to the Supervisor/Parole Unit.
  - a. The offender's name;
  - b. The offender's identification number;
  - c. The type of facility in which the offender is residing;
  - d. Name and address of the facility;
  - e. Verification that the offender is residing in said facility;
  - f. The address/telephone number of and the contact person within the facility;
  - g. The name of Probation and Parole Officer;
  - h. The caseload number.

This information shall be stored in summary form by the Supervisor (e.g., Excel spreadsheet).

- 2. On a monthly basis, the Supervisor will compile a summary list of offenders in the Parole Unit who are residing in nursing facilities, assisted living facilities or housing for the elderly.

3. The Supervisor will forward the names of applicable offenders from this summary list to the affected Probation and Parole Officers.
  - a. Upon receipt of the names of offenders, the affected Probation and Parole Officers shall contact the offenders, as well as applicable facilities, to verify that the offenders are residing at the facilities.
  - b. This summary list shall be forwarded to the Associate Director of Community Corrections on a monthly basis.
4. The Probation and Parole Officer will be expected to make site visits to the facility, maintain reporting sessions with the offender, communicate case-specific information with the facility and inform the facility of any change in status, such as parole violation or parole supervision ending.
5. The Probation and Parole Officer shall notify the facility if an offender is no longer on parole status.
  - a. This shall include if the offender's term of parole has expired, if the offender is now on probation status, as well as violation of parole.
  - b. The Probation and Parole Officer shall provide the facility with the name and contact information of the Probation and Parole Office to which the case has been transferred.
6. The facility shall be asked to communicate with the Probation and Parole Officer if the offender is no longer residing at the nursing facility, assisted living facility or housing for the elderly.

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ADULT PROBATION AND PAROLE

RHODE ISLAND PAROLE RISK ASSESSMENT

Offender's

Name: \_\_\_\_\_

RIDOC ID #: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date Instrument Completed: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**STATIC RISK FACTORS (1-4):**

1. Prior Felony Convictions  
0=None; 1=One; 2=Two or More \_\_\_\_\_
2. Parole/Probation Status at Admission  
0=Not on parole or probation status; 1=On probation; 2=On parole \_\_\_\_\_
3. Current Offense  
0=Other; 2=Burglary, theft or robbery \_\_\_\_\_
4. History of Violent/ Assault Convictions/ Adjudications  
0=None; 1=One; 2=Two or More \_\_\_\_\_

STATIC RISK SUBTOTAL \_\_\_\_\_

**DYNAMIC RISK FACTORS (5-8):**

5. Current Age  
-1=50 and above; 0=40-49; 1=21-39; 2=Under 21 \_\_\_\_\_
6. Completed Education/SA/Vocational Program  
-1=Yes -see program weight list or GED/High School degree  
0=Yes - see program weight list; 1=No \_\_\_\_\_
7. Current Scored Custody Level  
-1=Minimum; 0=Medium; 1=Maximum \_\_\_\_\_
8. Severity of Disciplinary Reports in Last 24 Months  
-1=None; 0=Low-Moderate/Moderate; 1=High; 2=Highest \_\_\_\_\_

DYNAMIC RISK SUBTOTAL \_\_\_\_\_

TOTAL RISK SCORE \_\_\_\_\_

Overall Risk Level (Select only one)

\_\_\_\_ Low Risk (0-4 pts.)      \_\_\_\_ Moderate Risk (5-9 pts.)      \_\_\_\_ High Risk (10+ pts.)

RHODE ISLAND DEPARTMENT OF CORRECTIONS  
ADULT PROBATION AND PAROLE

NOTIFICATION LETTER

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
(OFFENDER'S NAME)

To whom it may concern:

Please be advised that \_\_\_\_\_ is currently placed on parole and is residing  
(Offender's name)  
in \_\_\_\_\_.  
(Name of town/city and residence) (Offender's name)

was convicted of \_\_\_\_\_ and was sentenced to \_\_\_\_\_.  
[List crime(s)] (Length of sentence)

The assigned risk level is \_\_\_\_\_. Monitoring and supervision shall include  
(Specify low, moderate, or high)

site visits to the facility as well as reporting sessions for the offender.

\_\_\_\_\_ will be on parole until \_\_\_\_\_.  
(Offender's name) (Expiration date)

Should you have any questions or concerns, please contact me at \_\_\_\_\_.  
(Telephone #/e-mail address)

and/or my supervisor \_\_\_\_\_.  
(Name/telephone number)

Sincerely,

Probation and Parole Officer  
Address  
Telephone number

cc: Applicable State Regulatory Agency  
Offender

State Long Term Care Ombudsman

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